Department of Health and Human Services
Health Care Financing Administration
Operational Policy Letter #119
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To: Current M+C Organizations   X

       CHPP Demonstrations:

       -- Evercare

       -- DoD (TriCare)

       -- SHMO I & II

       -- PACE   X

       -- Medicare Choices

       OSP Demonstrations:

       -- MSHO

       -- W.P.S.

       HCPPs

       Federally Qualified HMOs   X

       Section 1876 Cost Plans

Effective Date: Upon Issuance

Implementation Date: Upon Issuance

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Subject: Instructions for Assignment of Unique Provider Identification Numbers (UPINs) for Medicare+Choice Organization (M+CO) Providers for Physician Encounter Data Collection

NOTE: This Operational Policy Letter is pending Office of Management and Budget approval.

Background:

In October 2000, HCFA will begin collecting physician encounter data from Medicare+Choice organizations (M+COs) as part of the transition to comprehensive risk adjusted payments for M+COs. M+COs will begin submitting encounter data electronically for dates of service on or after October 1, 2000. Encounter data submission requires identification of the physician or other practitioner who provided the service on a line item level. After consideration of several options for identifying providers, the Unique Physician Identification Number (UPIN) was determined the best option for provider identification purposes. The UPIN is a single, national number assigned to each provider who interacts with Medicare carriers. Therefore, a UPIN will be assigned to each M+CO provider for submission of physician encounter data.

Requirements for Assignment of UPINs to M+CO Providers

All M+CO contracted physicians and non-physician practitioners (e.g. Physician Assistant, Nurse Practitioner, Physical Therapist, etc.) are required to obtain a UPIN as a component of physician encounter data submission requirements. M+COs are required to have UPINs assigned for their providers by September 1, 2000.

NOTE: All demonstrations are required to submit encounter data. Therefore, demonstration sites must consult their HCFA contact person to determine applicability of this Operational Policy Letter.

I. UPIN Assignment Schedule

Step	Description	Start Date	Complete Date
(1) M+CO UPIN match	HCFA Data Center posts current UPIN file(s). M+COs match UPIN data against M+CO data. Providers without UPIN are identified	Upon OPL issuance	06/15/00
(2) M+CO Initial Submission	Data transferred via data tape or diskette from M+COs to UPIN Registry for new UPINs	06/15/00	07/14/00
(3) UPIN Processing	UPIN Registry processes new UPINs. Four possible results: 1) new UPIN assigned; 2) matching UPIN on file; 3) exception code; 4) record(s) rejected.	06/30/00	07/31/00
(4) Final UPIN Submission	M+COs submit final corrections to UPIN Registry for new UPIN assignments	07/14/00	08/15/00
(5) UPIN Processing	UPIN Registry submits UPIN file to M+COs	07/31/00	08/30/00
UPINs Assigned	M+CO UPIN assignments complete	09/01/00	09/01/00

(6) Interim Process	Future Operational Policy Letter will address this process	09/01/00	12/31/00
Ongoing Process	Future Operational Policy Letter will address this process	01/01/01	Ongoing
NOTE:	As of September 2000, the UPIN layout record will change	09/01/00	Ongoing

II. UPIN Assignment Process

Step 1 -- M+CO UPIN Match

The current national UPIN file of all assigned UPINs has been posted and is accessible through the HCFA Data Center (HDC) mainframe. The file is approximately 150 megabytes, with each record being approximately 115 bytes. In addition, 52 UPIN files (50, 1 for each state; 1 for Washington, D.C.; and 1 for outlying areas (e.g. Puerto Rico, U.S. Virgin Islands, etc.)) are also available on the HDC mainframe as an alternative to downloading the 150 megabyte file (see Attachment A). The UPIN file contains several identifying elements to aid M+COs in matching their contracted physicians and non-physician practitioners to the UPIN file. The matching elements are: full name, license number and state, and date of birth. Since many physicians have more than one state license, each individual will have a separate record for each state license number on the file. Regardless of how many records an individual may have, each record will map to the same UPIN.

M+COs shall download the appropriate UPIN file(s) from the HDC utilizing the instructions in Attachment A. Each M+CO shall use the UPIN files provided by HCFA to match the identifying data in that file against the data the M+CO has for its contracted providers to determine which of its providers have a previously assigned UPIN. For providers that have a previously assigned UPIN, the M+CO shall select one of two options.

Option One

is to ensure that each provider knows the UPIN and is prepared to submit it on every encounter.

Option Two

is to develop a "crosswalk" file that matches a M+CO-assigned identifier to the UPIN so the M+CO can submit the UPIN on every M+CO encounter.

Next, all M+COs shall contact all contracted providers for whom they cannot match a UPIN. M+COs shall request that those providers who have UPINs already assigned provide the UPINs to the M+CO. The M+CO shall inform the

remaining providers that they will be assigned a UPIN at the end of this process. For providers without a UPIN, the M+CO shall follow Step 2.

All UPIN matching shall be completed by June 15, 2000.

M+COs may elect to skip Step 1 for all M+CO contracted providers and allow the UPIN Registry to identify those providers who currently have an assigned UPIN (see Step 2). This option requires the M+CO to prepare and submit a complete UPIN record for each provider.

NOTE: In the near future, HFCA anticipates providing searching and browsing capability for UPINs through the Health Plan Management System (HPMS). Instructions will be posted on the HCFA website when available. In addition, training will be provided at regional training sessions.

At this point, if any provider(s) for an individual M+CO has(have) been matched to a current UPIN, then no further steps are required. The M+CO is now ready to include the UPIN number for those providers for October 1, 2000 physician encounter data processing.

Step 2: M+CO Initial UPIN Submission

M+COs shall prepare a complete UPIN record (see Attachment B) to obtain new UPINs for providers not assigned UPINs. M+COs shall submit the complete UPIN record for each provider to the UPIN Registry in electronic format beginning June 15, 2000 and no later than July 14, 2000 (see Attachment C). (Attachment C contains technical instructions on file type, tape media to be utilized, options for utilizing diskettes, etc.) The electronic UPIN record consists of 42 fields. Default data is provided for 11 fields (fields 1, 18, 20, 23, 24, 25, 27, 28, 29, 30, 31), 8 fields are left blank (fields 26, 34, 35, 37, 38, 39, 41, 42), 9 fields require M+CO input but can be the same for every provider for that M+CO (fields 7, 8, 9, 10, 11, 12, 13, 14, 36), and 14 fields are required and unique to the individual provider (fields 2, 3, 4, 5, 6, 15, 16, 17, 19, 21, 22, 32, 33, 40) . See Attachment B for required input by the M+CO.

As an alternative, the M+CO may elect to enroll providers by submitting a HCFA 855 Provider/Supplier Enrollment Application for initial UPIN assignment. Applications are available from the local Medicare carrier.

NOTE: Processing encounter data requires a UPIN. Therefore, if the HCFA 855 process is used to obtain UPINs, then the application(s) must be submitted by July 1, 2000. If new UPINs are needed after the initial submission period (06/15/00 to 07/14/00), then all additional UPIN requests shall be submitted together (as a batch) during the final UPIN submission period (07/14/00 to 08/15/00).

Step 3: UPIN Processing

Beginning June 30, 2000 and ending July 31, 2000, the UPIN Registry will run all initial UPIN submissions through the UPIN process. This process can yield one of four results: 1) a new UPIN will be assigned; 2) an individual matches an existing UPIN on file; 3) a record results in an exception code (see Attachment D for instructions regarding exception codes); or 4) a record is completely rejected. *NOTE:* Exact duplicates are a possibility if the M+CO submits more than one UPIN record per provider. In the case of duplicates the first record is accepted and the second is rejected.

For results 1 or 2, M+COs shall record UPIN assignments and verify UPIN Registry data for each provider. Depending on the option selected in Step 1, the M+CO shall either inform the providers of their new UPIN or add the UPINs to their "crosswalk" file. If result 3 is rendered, then the M+CO shall determine the reason for the exception and resolve any discrepancies to make the file acceptable for UPIN assignment (see Attachment D). That is, the exception is corrected and the changed UPIN record is resubmitted to the UPIN Registry as an "Add Develop/Return" record (this would require the number "2 " to be entered in field 1 of the UPIN Record Layout—see Attachment B). In the case of result 4, the record has too many errors for acceptance and therefore must be resubmitted as a new submission with complete and correct information as soon as possible, but no later than the end of the final UPIN submission period (8/15/00). If an entire batch of submitted records is rejected, then the M+CO shall correct the format problem(s) and resubmit as soon as possible. DO NOT wait until the final submission period (07/14/00 to 08/15/00) for resubmissions.

Step 4: Final UPIN Submission:

Beginning July 14, 2000 and ending August 15, 2000, all corrections for UPIN records that resulted in an exception code in Step 3 shall be resubmitted by the M+CO to the UPIN Registry for final UPIN assignment. Data format and transfer shall be the same as outlined in Step 2. Resubmitted records are to be identified as an "Add Develop/Return" records to the UPIN Registry (i.e. "2" shall be entered in field 1 for resubmissions). Remember, data must be corrected prior to resubmission to prevent the record from being returned with the same error.

Step 5: UPIN Processing

Beginning July 31, 2000 and ending August 30, 2000, the UPIN Registry will return a file of UPINs to each M+CO. **As of September 1, 2000 every M+CO is required to have an assigned UPIN for each of their contracted physicians and non-physician practitioners for processing physician encounter data on or after October 1, 2000.**

NOTE: When the new UPIN Record Layout goes into effect September 2000 (see "Note" on page 2 of this Operational Policy Letter), the Registry will not accept

the old format. Therefore, it is essential that all M+COs meet all deadlines for data submission to the UPIN Registry.

Steps 6 & 7: Interim and Ongoing Processes

HCFA is developing instructions for an abbreviated HCFA form 855 Provider/Supplier Enrollment Application. Submission of the HCFA 855 will be utilized for the ongoing process of UPIN assignment for new M+CO providers. However, this new process will not be available until at least January 1, 2001. Therefore, HCFA is also developing an interim process to be utilized after final record submission (08/15/00) and prior to the implementation of the abbreviated HCFA 855 (01/01/01). A future Operational Policy Letter will provide detailed instructions for both the interim and ongoing processes.

III. Surrogate UPINs

Surrogate UPINs shall be utilized *only* if the provider is non-contracted and refuses to obtain a UPIN.

If the above situation does exist, then a corresponding provider type surrogate UPIN shall be used. Assigned surrogate UPINs are as follows:

Surrogate UPIN	**Provider Type**
AA0000	Anesthesia Assistant
CNA000	Certified Registered Nurse Anesthetist
CNM000	Certified Nurse Midwife
CNS000	Clinical Nurse Specialist
CP0000	Clinical Physchologist
CSW000	Clinical Social Worker
FOR000	Foreign Doctor (for all non-US physicians)
MD0000	Medical Doctor (includes DO, CH, DDM, DDS, DPM, OD)
NP0000	Nurse Practitioner
OT0000	Occupational Therapist
PA0000	Physician Assistant
PT0000	Physical Therapist

NOTE: Frequency of surrogate UPIN usage will be monitored. If overuse of surrogate UPINs is determined, then encounter claims may be suspended until the issue can be resolved with the M+CO.

IV.   Customer Support for UPIN Data Processing:

The UPIN Registry shall provide assistance for technical questions related to the UPIN process. A TELEPHONE NUMBER WILL BE PROVIDED IN THE NEAR FUTURE.

V.   Restrictions on Use of Data

In compliance with the HDC User Agreement, any data received from the HDC shall be utilized for **authorized purposes only**. All M+COs, as HDC users, are bound by the general terms of that agreement. The following paragraph spells out the specific routine use of the UPIN data file that HCFA is providing to M+COs:

The UPIN data file shall be utilized only for purposes of identifying providers that are submitting encounter data. The file may be used to match to M+COs' provider files to add UPINs to existing identifying information. The UPIN data file may also be used to create a "crosswalk" file for purposes of matching an incoming identifier on an encounter transaction, e.g., license number to the UPIN. Neither the UPIN data file nor data from the UPIN file shall be used for any other purpose, regardless of whether it is connected to the M+CO program, without prior written authorization from HCFA.

M+COs may share the UPIN data file with other M+COs if that proves to be a more efficient means to distribute the data. Both the sender and recipient are bound by the terms of routine use as described above.

Subcontractor Use of Data:

The M+CO may also share data with any subcontractors involved in encounter data submission or provider credentialing, registration or identification. However, all subcontractor access to this data is subject to the following terms: The subcontractor must protect the confidentiality of the data according to the same requirements that govern the M+CO. The data shall be utilized only for the activity outlined in this Operational Policy Letter, and only for the duration of that activity at the subcontractor. Upon termination of the activity at the subcontractor, the subcontractor shall return all data to the M+CO. The M+CO shall have written agreements with each subcontractor who receives privacy sensitive data as part of this effort. If an M+CO elects to provide this data to a subcontractor, the M+CO is responsible for the conduct of the subcontractor with respect to protecting the confidentiality of data. If a subcontractor violates the provisions of this Operational Policy Letter, HCFA regards this as a violation of the M+CO contract, the same as if the M+CO itself were to violate the data use agreement.

| Attachment A | Download Instructions |

Attachment B	Record Layout
Attachment C	Submission Instructions
Attachment D	Exception Codes

Contact: HCFA Regional Office Managed Care Staff.

This OPL was prepared by the Center for Health Plans and Providers.